NEET SS 2024 Surgical Group

Question Paper

Conducted by NBEMS

General Instructions

(i) This question paper consists of **150 questions**. All questions are **compulsory**.

(ii) Total duration of exam is **2 hours 30 minutes** (150 minutes).

(iii) Total marks is **600**.

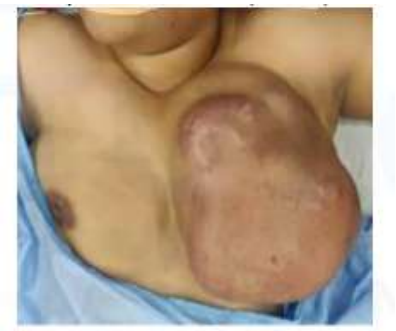
(iv) Each correct response carries **4 marks**, while **1 mark** is deducted for every incorrect answer.

1. A post-mastectomy patient (for malignant breast lump) who also had axillary lymph node dissection now presents in the postoperative period (after drain removal) with a soft, fluctuant swelling in the axilla extending into the mastectomy site.

(A) Aspiration of swelling
(B) USG of swelling
(C) Reassurance
(D) Re insertion of romovac drain

---

2. A patient presents with a large, multilobulated breast tumour clinically suggestive of phyllodes tumour, and there is a significant family history of breast cancer (grandmother) and prostate cancer (father). What is the next step in management?



(A) Simple mastectomy

(B) Wide local excision

(C) MRM

(D) Mastectomy with sentinel lymph node biopsy

---

3. In a young woman with a breast lump confirmed on ultrasound to be a simple cyst, what is the next step in management?

(A) Observation but should do biopsy

(B) Observation

(C) Excision

(D) FNAC

---

4. A 45-year-old woman underwent investigations for a breast lump. Her biopsy report confirms invasive ductal carcinoma of the breast. You are the surgical resident in charge and need to communicate the diagnosis to her. What is the most appropriate approach?

(A) Ask her to wait outside and explain to her husband

(B) Ask her husband to wait outside and explain to her

(C) Explain both at same time if patient agrees

(D) None of the above

---

5. A 35-year-old woman, a chronic smoker, presents with recurrent painful periareolar swelling

and purulent nipple discharge for the past 6 months. She has undergone incision and drainage twice, but the symptoms recur after a short period. Which of the following statements about the most likely diagnosis is true?

(A) Recurrent retroareolar abscesses
(B) Cord-like swelling on the side of the breast
(C) Recurrent costochondral pain
(D) Bloody nipple discharge

---

6. A 48-year-old woman presents with eczematous changes and ulceration of the nipple not responding to topical therapy. What is the next step in the evaluation of suspected Paget's disease of the nipple?

(A) Punch biopsy
(B) Core biopsy
(C) FNAC
(D) Excisional biopsy

---

7. A 21-year-old woman has a smooth, firm, mobile lump in her breast. Family history of breast cancer present. What is the most likely diagnosis?

(A) Fibroadenoma
(B) Invasive ductal carcinoma
(C) Ductal papilloma
(D) Fibroadenosis

---

8. Which of the following best describes the molecular profile of Luminal B type breast carcinoma?

(A) ER+, PR+, Her2+

(B) ER+, PR-, Her2+

(C) ER-, PR+, Her2+

(D) ER-, PR-, Her-

---

9. After neoadjuvant chemotherapy, pathologic complete response (no residual invasive cancer in breast or lymph nodes) is most frequently observed in:

(A) Luminal A

(B) Luminal B

(C) HER-2 enriched

(D) Triple negative

---

10. Genetic testing for BRCA or other hereditary breast cancer genes is not indicated in which of the following situations?

(A) Triple negative breast CA diagnosed $<$ 60 years

(B) 2 primary tumours in both breasts

(C) Male breast cancer

(D) $>$ 50year of age breast cancer

---

11. A 52-year-old woman presents with diffuse erythema, induration, and peau d'orange involving most of the breast, with fixed ipsilateral axillary lymph nodes. What is the next step in management?

(A) Neoadjuvant chemotherapy followed by modified radical mastectomy followed by radiotherapy

(B) MRM followed by chemotherapy and radiotherapy

(C) Breast conservation surgery followed by chemotherapy

(D) Neo adjuvant hormonal therapy

---

12. In which of the following scenarios is a PET/CT scan not indicated in the evaluation of a patient with breast cancer?

(A) T2N0
(B) T3N1
(C) T1N1M1
(D) T3N2

---

13. Patient presents with a rapidly enlarging breast lump which is diagnosed as a phyllodes tumor. What is the correct histopathological description of the lesion?

(A) Proliferation of stromal tissue with variable ductal elements
(B) Atypical ductal cells with basement membrane invasion
(C) Papillomatous lesion in the duct
(D) None of the above

---

14. Which of the following statements regarding familial versus hereditary breast cancer is false?

(A) Hereditary breast cancer occurs due to identifiable germline mutations in high penetrance genes.
(B) Familial cancers present earlier and are more aggressive than hereditary ones.
(C) BRCA1/2 mutations define the majority of hereditary breast cancers.
(D) Familial breast cancer is always caused by single-gene inheritance.

---

15. Which of the following flaps is commonly used for autologous breast reconstruction after mastectomy, and what is its primary vascular supply?

(A) Deep inferior epigastric artery
(B) Superficial inferior epigastric
(C) Deep circumflex iliac

(D) Thoracodorsal artery

---

16. In a patient undergoing massive transfusion, platelet count should be maintained above which of the following thresholds?

(A) 100,000/μL
(B) 70,000/μL
(C) 50,000/μL
(D) 30,000/μL

---

17. In a patient with a penetrating jejunal injury undergoing damage control surgery, which of the following is not typically done during the initial surgery?

(A) Primary repair
(B) Removal of knife and laparotomy
(C) Control bleeding
(D) Control infection

---

18. A patient presents with a gunshot wound to the chest. On examination, there are distended neck veins, tracheal deviation to the opposite side, decreased breath sounds on the affected side, and a hyper-resonant percussion note. What is the most appropriate immediate management?

(A) Tube thoracostomy
(B) Tube thoracostomy after needle decompression
(C) Subxiphoid pericardiotomy
(D) Emergency thoracotomy & clamp aorta

---

19. A young man presents with a history of left-sided chest trauma and difficulty in breathing. On examination, trachea is deviated to the right and percussion note is tympanic. What is the most likely diagnosis?

(A) Pneumothorax
(B) Hemothorax
(C) Tamponade
(D) Sternal fracture

---

20. During a mass casualty incident following a building collapse, a patient is brought in with moribund appearance, multiple fractures, tear in the lower abdomen, depressed skull fracture, and is pulseless. What tag is given to this patient during triage?

(A) Black
(B) Red
(C) Yellow
(D) Green

---

21. Which of the following findings is most suggestive of urethral injury?

(A) Blood at meatus
(B) High riding prostate
(C) Urinary retention
(D) Scrotal hematoma

---

22. In a patient with blunt chest injury, which of the following findings is an indication for emergency thoracotomy?

(A) > 1.5 L blood at insertion of chest tube
(B) > 1000ml blood in 2 hours

(C) > 2L of blood in drain in 24 hours

(D) 200 mL blood/ hour for 22 hours

---

23. A young female is run over by a train and sustains a mid-arm traumatic amputation with active pulsatile bleeding. Her pulse rate is 130/min, and blood pressure is 80/50 mmHg. What is the most appropriate immediate management?

(A) Wide bore needle and IV fluids

(B) Airway management

(C) Control haemorrhage

(D) Blood transfusion

---

24. Following trauma, an 18 months baby was brought to the casualty. She opens her eyes spontaneously, gives an irritable cry, and withdraws all four limbs to pinch. What is her GCS score?

(A) 12

(B) 13

(C) 14

(D) 15

---

25. According to the NASCIS (National Acute Spinal Cord Injury Study) protocol, what is the recommended dose of methylprednisolone for acute spinal cord injury?

(A) Not indicated

(B) 30 mg/kg IV bolus over 15 minutes

(C) 2g bolus over 15mins

(D) 270mg/hr over 24hrs

---

26. Which of the following is false regarding cerebral micro dialysis?

(A) It is invasive

(B) It is a biochemical test based on diffusion principles

(C) It can be used to study the effect of drugs on brain metabolism

(D) It is used as a routine tool in ICU monitoring

---

27. What is the size of Pituitary macroadenoma?

(A) > 10mm

(B) < 10mm

(C) > 5mm

(D) < 5mm

---

28. A patient presents with radicular pain radiating to the upper limb and spasticity in both lower limbs on examination. Where will be the level of lesion?

(A) C5

(B) C7

(C) C3

(D) C4

---

29. An 80-year-old patient presents with a cerebellar stroke. The neurosurgeon has decided on conservative management at present. What is the reason for this management?

(A) Large hematoma (> 3 cm) causing mass effect

(B) Advanced age – higher surgical risk and morbidity

(C) Small hematoma without significant edema

(D) Neurological deterioration with brainstem compression

30. A patient is diagnosed with an intracranial lesion located in the motor area (precentral gyrus) of the brain. The neurosurgeon wants to plan surgery in a way that minimizes postoperative motor deficits. Which of the following investigations is most appropriate for surgical planning in this patient to minimize motor deficits?

(A) Functional MRI
(B) MRI spectroscopy
(C) CT brain without contrast
(D) EEG (Electroencephalogram)

---

31. A female with a known slow-growing papillary thyroid carcinoma presents with a rapid increase in size of the swelling over one month along with hoarseness of voice. Which malignancy would it most likely have progressed to?

(A) Anaplastic thyroid carcinoma
(B) Follicular carcinoma
(C) Papillary carcinoma
(D) Medullary carcinoma

---

32. A patient following URTI develops a painful neck swelling and is diagnosed with granulomatous thyroidits. What is the next step in the management of the patient?

(A) Symptomatic treatment
(B) Oral steroids
(C) Thyroidectomy
(D) Tamoxifen

---

33. A newborn baby, who was discharged as normal at birth, returns at 6 weeks of age with a newly detected heart murmur. Which of the following congenital heart diseases is most likely

responsible for the late appearance of a murmur in this infant?

(A) PDA

(B) TGA

(C) TOF

(D) VSD

---

34. Ebstein's anomaly primarily affects which of the following heart valves?

(A) Tricuspid valve

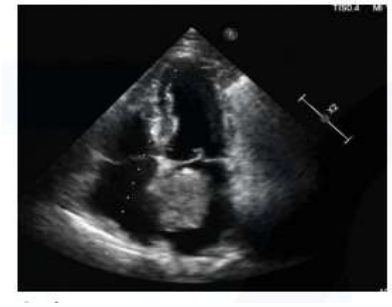
(B) Mitral valve

(C) Pulmonary valve

(D) Aortic valve

---

35. A middle-aged female presents with a history of dyspnoea on exertion and when lying down. Echocardiography reveals a left atrial mass. What is the most likely diagnosis?



(A) Atrial myxoma

(B) Atrial thrombus

(C) Mitral stenosis

(D) Metastatic cardiac tumor

---

36. A 45-year-old male presents with dyspnea, paroxysmal nocturnal dyspnea (PND), and orthopnea. He has a history of left anterolateral thoracotomy performed 20 years ago for

similar complaints. What is the most likely diagnosis?

(A) Recurrent PDA

(B) Mitral restenosis

(C) Left-sided recurrent pleural effusion

(D) Chronic constrictive pericarditis

---

37. Massive left atrial (LA) enlargement is typically seen in which of the following conditions?

(A) Aortic stenosis

(B) Mitral regurgitation

(C) Mitral stenosis

(D) Aortic regurgitation

---

38. Which of the following types of TAPVC is least common?

(A) Mixed

(B) Cardiac TAPVC

(C) Infracardiac

(D) Supracardiac

---

39. A child with Tetralogy of Fallot (TOF) develops a cyanotic (hypercyanotic) spell. Which of the following measures helps to relieve the spell?

(A) Fever

(B) Agitation

(C) Vigorous physical activity

(D) Squatting

---

40. Which of the following congenital heart diseases presents with cyanosis of the lower limbs?

(A) PDA

(B) COA

(C) COA with PDA

(D) TGA

---

41. Hilar cholangiocarcinoma surgery is done for which of the following?

(A) Vascular pedicle of one lobe affected

(B) Both liver lobes affected

(C) Bilateral secondary pedicles involved

(D) Lobe atrophy with contralateral biliary radicle involvement

---

42. Which of the following types of gallbladder polyps has a low malignant potential?

(A) Solitary sessile polyp $>$ 1 cm

(B) Small ($<$ 1 cm) polyp associated with PSC

(C) Polyp in a patient aged $>$ 50 years

(D) Multiple small ($<$ 1 cm), pedunculated polyps

---

43. A patient with gallbladder carcinoma has a tumor that involves the peritoneal side without serosa invasion. Four regional lymph nodes are positive for metastasis. According to the AJCC (TNM) staging system, what is the stage (T and N classification) of this tumor?

(A) T2bN1

(B) T2aN1

(C) T2aN2

(D) T2bN2

44. Which is not a risk factor for cholangio carcinoma?

(A) Portal biliopathy

(B) Recurrent pyogenic cholangitis

(C) Choledochal cyst

(D) PSC

---

45. In which of the following given neoplasms does CEA> 192ng/ml and serum amylase value is normal?

(A) Mucinous cystic neoplasm

(B) Papillary neoplasm

(C) IPMN

(D) Serous cyst neoplasm

---

46. Thompson procedure – which is a true statement?

(A) Pilonidal sinus is a common complication

(B) Cosmesis better than Homan

(C) Homan is modification of Thompson

(D) Also called Buried Subdermal flap

---

47. Which procedure for cleft palate maintains the levator sling without raising mucoperiosteal flaps?

(A) Double-Z Palatoplasty (Furrow's)

(B) Von Langenbeck Palatoplasty

(C) Furlow Palatoplasty

(D) Wardill-Kilner Palatoplasty

---

48. A free flap shows signs of venous congestion, with dark bleeding observed. Upon exploration, thrombus is noted at the anastomosis site. What is the next best step in management?

(A) Reanastomosis
(B) Systemic thrombolytic therapy
(C) Heparin
(D) Thrombectomy and revision of anastomosis

---

49. A patient develops hair alopecia after excision of a scalp lesion and coverage with a split-thickness skin graft (STSG). What is the best treatment to restore hair in the affected area?

(A) Tissue expansion
(B) Hair transplant (follicular unit extraction)
(C) Local scalp flap
(D) Secondary STSG

---

50. Which is the last finding to be seen in compartment syndrome?

(A) Pulselessness
(B) Paralysis
(C) Paresthesia
(D) Pain out of proportion

---

51. A patient has an ulnar nerve injury with an intervening gap (ICM gap). What is the best treatment to restore nerve continuity?

(A) Nerve graft

(B) Primary repair

(C) Nerve transfer

(D) Tendon transfer

---

52. A patient presents with absence of the pectoralis major and minor muscles on one side along with ipsilateral syndactyly. What is the most likely diagnosis?

(A) Poland syndrome

(B) Klippel-Feil syndrome

(C) Holt-Oram syndrome

(D) Sprengel deformity

---

53. A patient, 3 hours post-forearm surgery, is unable to extend the fingers and wrist. What is the most likely cause?

(A) Radial nerve neuropraxia due to improper padding at the edge of the OT table

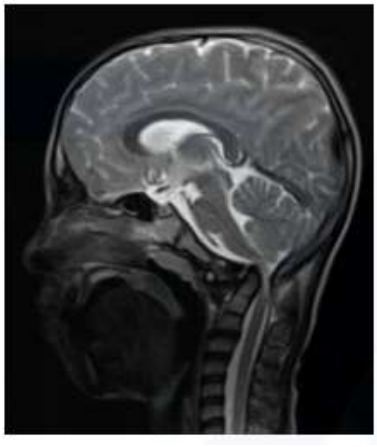
(B) Radial nerve neuropraxia due to prolonged tourniquet

(C) Median nerve injury due to excessive retraction

(D) Ulnar nerve injury due to positioning

---

54. Based on the MRI, what is the most likely diagnosis?



(A) Basilar invagination

(B) Platybasia

(C) Chiari I malformation

(D) Cranial settling

---

55. A patient presents with ipsilateral weakness and loss of proprioception, along with contralateral loss of pain and temperature sensation below a certain spinal level. What is the most likely cause of this pattern?

(A) Intradural Extramedullary tumor

(B) Intramedullary tumor

(C) Extradural compression

(D) Syringomyelia

---

56. Which of the following regions lacks a blood-brain barrier, allowing direct exchange of hormones or substances with the blood?

(A) Choroid plexus of III ventricle

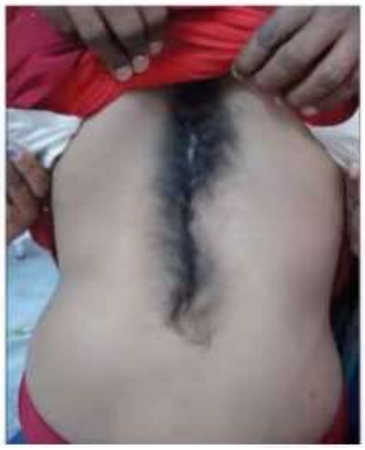
(B) Floor of 4th ventricle

(C) Neurohypophysis

(D) Anterior pituitary

---

57. A patient presents with a midline patch of hair over the lower back. Which of the following statements regarding the diagnosis is false?



(A) This is type-I spinal dysraphism

(B) This is type-II spinal dysraphism

(C) Patient has occult spinal dysraphism

(D) Faun tail spot is given in image

---

58. A patient presents with an axillary lymph node mass with no evidence of a primary tumor on imaging or clinical examination. What is the appropriate TNM staging?

(A) Tx N2a M0

(B) T0 N2a M0

(C) Tx N2a M0

(D) T0 N2b M0

---

59. Which of the following is a true statement regarding Phyllodes tumors?

(A) Proliferation of stromal tissue with variable ductal elements

(B) Leaf-like architecture due to stromal overgrowth

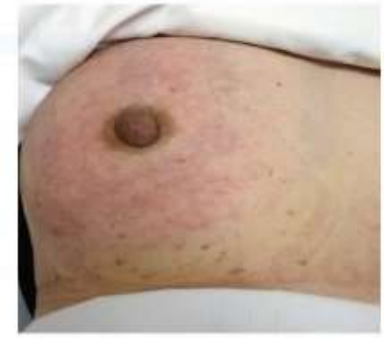
(C) Most commonly occurs in post-menopausal women

(D) Metastasis, when it occurs, is usually hematogenous rather than lymphatic

---

60. A patient presents with classic history and findings of inflammatory breast cancer, including

peau d'orange involving two-thirds of the breast and ipsilateral fixed axillary lymph nodes. What is the next step in management?



(A) NACT followed by MRM

(B) NACT followed by BCS & AD

(C) NACT followed by BCS & TAD

(D) MRM followed by CT/RT

---

61. A patient presents with clinical features of Hashimoto thyroiditis. Which of the following cancers is most commonly associated with Hashimoto thyroiditis?

(A) Thyroid lymphoma

(B) Follicular thyroid carcinoma (FTC)

(C) Medullary thyroid carcinoma (MTC)

(D) Anaplastic thyroid carcinoma (ATC)

---

62. A surgeon is performing thyroid surgery but is unable to achieve adequate exposure. He requests a retractor. Which retractor should you hand him?

(A) Joll's retractor

(B) Weitlaner retractor

(C) Omni-retract

(D) Richardson retractor

---

63. A patient presents with a large, smooth thyroid mass arising from both lobes in the front of the neck. There are no compressive symptoms. FNAC shows no features of malignancy, but the patient is concerned about cosmetic appearance. What is the next step?

(A) Total thyroidectomy

(B) Reassurance

(C) Lobectomy

(D) Subtotal thyroidectomy

---

64. A patient is diagnosed with medullary thyroid carcinoma (MTC). Which syndrome is most commonly associated with MTC?

(A) MEN-2 syndrome

(B) Cowden syndrome

(C) Carney syndrome

(D) Gardner syndrome

---

65. A patient is being evaluated for thyroidectomy for an indeterminate thyroid nodule. Which of the following is considered a contraindication for surgery?

(A) History of prior neck radiation

(B) Negative molecular profile on ThyroSeq v3

(C) Uncorrectable coagulopathy

(D) Severe uncontrolled cardiopulmonary disease

66. Which of the following statements about medullary thyroid carcinoma (MTC) is false?

(A) Prophylactic lateral neck dissection is done if the primary tumor is >1.5 cm

(B) MTC arises from parafollicular C cells

(C) MTC secretes calcitonin and sometimes CEA

(D) Fine needle aspiration cytology is highly sensitive and always diagnostic

---

67. A patient presents with a thyroid nodule measuring 1.9 × 1.7 cm. Which of the following statements is false?

(A) Thyroidectomy is done for spongiform/cystic nodule

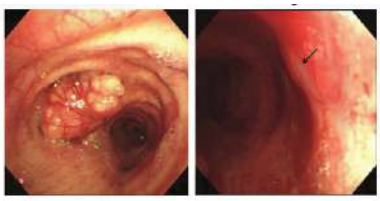
(B) Nodules with suspicious US features (microcalcifications, irregular margins) may require surgery

(C) Nodules with malignant cytology on FNAC require thyroidectomy

(D) Nodules causing compressive symptoms are indications for surgery

---

68. A 60-year-old male smoker undergoes bronchoscopy. The image shows an abnormal endobronchial lesion. Which of the following is the most likely diagnosis?



(A) Bronchial tumor

(B) Foreign body

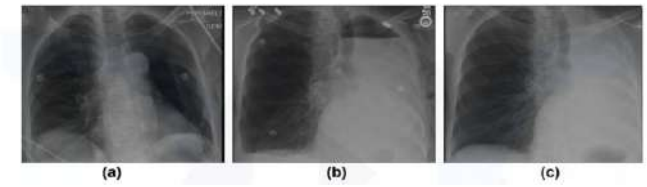
(C) Bronchial polyp

(D) Bronchial tuberculosis

---

69. A patient has undergone pneumonectomy. A postoperative chest X-ray shows an air-fluid

level in the pneumonectomy space. Which of the following is the most likely interpretation?



(A) Normal sequelae

(B) Hydropneumothorax

(C) Empyema

(D) Residual lung collapse

---

70. A patient presents with hyponatremia (128 mEq/L). In which of the following types of lung cancer is this most commonly seen?

(A) Small cell lung carcinoma

(B) Large cell lung carcinoma

(C) Adenocarcinoma of the lung

(D) Squamous cell carcinoma of the lung

---

71. Which of the following statements regarding the management of lung carcinoma is true?

(A) Small cell lung carcinoma cannot be cured by surgery alone

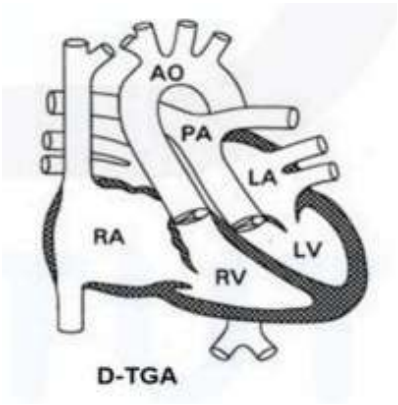
(B) Non-small cell lung carcinoma (NSCLC) in all early stages needs chemotherapy

(C) Paraneoplastic syndromes are most common in NSCLC

(D) Cranio-spinal imaging is needed in NSCLC evaluation

---

72. Identify the anomaly shown in the image.



(A) Tetralogy of Fallot

(B) Total anomalous pulmonary venous return

(C) Transposition of the great arteries

(D) Truncus arteriosus

---

73. The Nuss procedure is done for correction of which of the following conditions?

(A) Pectus carinatum

(B) Poland syndrome

(C) Pectus excavatum

(D) Flail chest

---

74. An 18-month-old male infant presents with recurrent episodes of colicky abdominal pain and crying, drawing up his legs during the attacks. Between episodes, he appears relatively well. Ultrasound of the abdomen shows a pseudo-kidney sign in the longitudinal axis. What is the most likely diagnosis?

(A) Pyloric stenosis

(B) Intussusception

(C) Meckel's diverticulum

(D) Acute appendicitis

---

75. What is the most likely diagnosis?

(A) Hypospadias

(B) Epispadias

(C) Bladder exstrophy–epispadias complex

(D) Cloacal malformation

---

76. An image shows an infant with an asymmetrical skull shape. Premature fusion of one cranial suture is suspected. What is the most likely diagnosis?

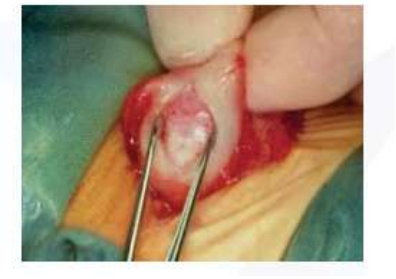
(A) Scaphocephaly

(B) Trigonocephaly

(C) Plagiocephaly

(D) Brachycephaly

77. A 4-week-old male infant presents with progressively worsening non-bilious projectile vomiting, post-feed hunger, and visible left-to-right gastric peristalsis. What is the most likely diagnosis?



(A) Duodenal atresia

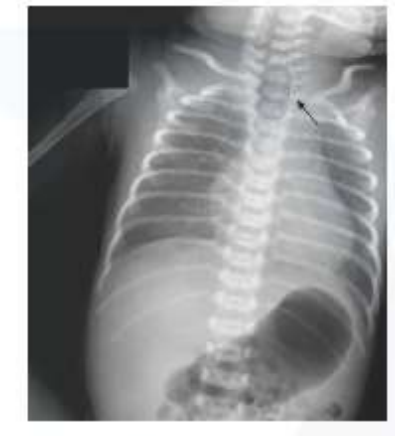
(B) Infantile hypertrophic pyloric stenosis (IHPS)

(C) Malrotation with volvulus

(D) Gastro-oesophageal reflux (GOR)

---

78. A chest X-ray, with a gas-filled stomach visible. A newborn presents shortly after birth with excessive drooling, choking, and cyanosis on attempting feeds. What is the most likely diagnosis?



(A) Pure esophageal atresia (Type A)

(B) Tracheoesophageal fistula without atresia (Type E, H-type)

(C) Esophageal atresia with distal tracheoesophageal fistula (Type C)

(D) Congenital diaphragmatic hernia

79. A newborn male is noted at birth to have an absent anal opening. A diverting colostomy is performed, and a distal colostogram is shown. What is the most likely diagnosis?

(A) Rectovesical fistula

(B) Rectobulbar urethral fistula

(C) Perineal fistula

(D) Rectoperineal fistula

---

80. A newborn presents with sudden onset bilious vomiting shortly after birth. Abdominal X-ray shows a double-bubble sign, but unlike classic duodenal atresia, there is also a gasless abdomen, raising concern for a surgical emergency. What is the most likely diagnosis?

(A) Duodenal atresia

(B) Jejunal atresia

(C) Malrotation with midgut volvulus

(D) Meconium ileus

---

81. A 3-year-old child presents with progressive dyspnea, recurrent episodes of cough, and multiple previous hospital visits where symptoms temporarily improved but never fully resolved. Parents deny any past illness but recall a sudden choking episode a few weeks ago. Examination reveals unilateral decreased breath sounds and wheezing. What is the most likely

diagnosis?

(A) Acute asthma exacerbation

(B) Pneumonia

(C) Inhaled foreign body (bronchial foreign body)

(D) Croup

---

82. In the Tessari technique, what is the ratio of mixing sclerosant to air?

(A) 1:4

(B) 4:1

(C) 1:1

(D) 1:2

---

83. What is the most common complication of standard varicose vein surgery (e.g., ligation & stripping)?

(A) Wound infections

(B) Nerve injury

(C) Venous thromboembolism

(D) Recurrent varicosities

---

84. In a standard 4-layer bandage (4LB) system, which layer exerts the maximum pressure on the leg?

(A) Cohesive bandage

(B) Elastic bandage

(C) Orthopaedic wool

(D) Cotton crepe

85. Most appropriate next treatment in this patient?

(A) Conservative management

(B) Compression followed by surgery if deep veins are normal

(C) EVLA for superficial veins

(D) MR venogram to rule out deep vein hypoplasia

---

86. A patient presents with thigh and calf pain and is able to walk a claudication distance of 500 meters. No palpable pulses are present in the affected limb, but pulses in the opposite limb are normal. Where is the disease most likely located?

(A) External iliac stenosis

(B) Supra renal aorta

(C) Infra renal aorta

(D) Popliteal occlusion

---

87. Pseudoclaudication is most commonly caused by:

(A) Lumbar canal stenosis

(B) Femoral artery stenosis

(C) Popliteal artery stenosis

(D) Aorto-iliac occlusion

---

88. A 50-year-old female with uncontrolled hypertension on three drugs presents with giddiness and a bruit. The bruit is heard in both systolic and diastolic phases. The patient also has anuria. Which of the following is true?

(A) Renal revascularisation after non-contrast MR angiogram
(B) Emergency surgery for impending aortic rupture
(C) Conservative management with increasing dose and no role for surgery
(D) Patient needs anti-impulse therapy and no role for further imaging

---

89. What is the most common cause of re-intervention after endovascular intervention for abdominal aortic aneurysm (AAA)?

(A) Endoleak
(B) Stent migration
(C) Graft failure
(D) Limb occlusion

---

90. Which of the following patients with Abdominal Aortic Aneurysm can be managed conservatively?

(A) Asymptomatic abdominal aortic aneurysm with maximum diameter of 5 cm
(B) Abdominal aortic aneurysm with excruciating back pain
(C) Abdominal aortic aneurysm of size 7 cm
(D) Abdominal aortic aneurysm of size 5 cm with thrombus in aneurysm sac and embolized to cause acute femoral artery occlusion

---

91. A patient with atrial fibrillation presents with gangrene of her toes. What is the most likely etiology?

(A) Embolisation from left atrium

(B) Deep vein thrombosis (DVT)

(C) Infection

(D) Raynaud's phenomenon

---

92. A multiple side-holed catheter is placed at the level of the diaphragm. Which vascular structures can be imaged in the best way?

(A) Renal arteries and mesenteric arteries

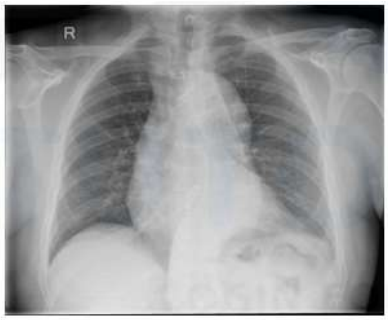
(B) Coronary arteries

(C) Iliac and femoral arteries

(D) Carotid and subclavian branches

---

93. Where is the stent placed in the given X-ray?



(A) Aortic stent

(B) LAD stent

(C) Tracheal stent

(D) Renal artery stent

---

94. A patient is on Warfarin and Clopidogrel and is planned for a procedure. What should be

prepared for managing peri-procedural bleeding?

(A) Fresh frozen plasma (FFP)

(B) Prothrombin complex concentrate (PCC) and platelets

(C) Platelets only

(D) Whole blood transfusion

---

95. Regarding VEGF, which of the following is true?

(A) Endothelial proliferation and increases vascular permeability

(B) Heterodimer along with TGF and EGF

(C) Promotes wound healing by stimulating keratinocytes and fibroblasts

(D) Forms heterodimer with HER2 leading to malignancy predisposition

---

96. Which of the following is not a prognostic factor in renal cell carcinoma (RCC)?

(A) Age

(B) Tumour site

(C) Nuclear grade

(D) Pathologic grade

---

97. A patient with a testicular tumor presents with raised HCG and AFP. What is the most probable diagnosis?

(A) Pure Embryonal Carcinoma

(B) Pure Yolk Sac Tumor

(C) Teratoma

(D) Seminoma

---

98. In carcinoma penis, when is dynamic sentinel lymph node biopsy (SLNB) indicated?

(A) Clinically impalpable inguinal nodes

(B) Clinically impalpable but FNAC positive

(C) Clinically palpable inguinal nodes

(D) Enlarged pelvic nodes

---

99. Which of the following is an indication for performing a renal biopsy in RCC?

(A) Metastatic RCC

(B) When you prefer to put the patient on active surveillance

(C) Localized renal tumor

(D) Renal tumor with IVC invasion

---

100. In a patient with a testicular tumor, which of the following statements is true regarding tumor markers?

(A) Seminoma does not produce AFP

(B) HCG t1/2 = 5–7 days

(C) AFP t1/2 = 48–72 hrs

(D) HCG < 5,000 has poor prognosis

---

101. A patient with Stage I NSGCT has persistently elevated HCG and AFP after orchiectomy. What is the next step?

(A) Chemotherapy

(B) Modified nerve-sparing RPLND

(C) Radiotherapy

(D) Surveillance

102. In a patient with distal hypospadias, which surgical procedure allows orthoplasty and urethroplasty to be done at the same time?

(A) TIP (Tubularized Incised Plate)

(B) Asopa-Il

(C) Bracka

(D) Preputial flap

---

103. Which of the following is NOT a poor prognostic factor in NSGCT?

(A) Proliferation > 70%

(B) Tumor size > 3 cm

(C) Metastases

(D) Embryonal carcinoma > 50%

---

104. After a live renal transplant, urine output was observed immediately after removing arterial clamps. However, after shifting the patient to the ward, the patient develops anuria. Bladder irrigation is not helpful. What is the most likely diagnosis?

(A) Renal artery stenosis

(B) Catheter blockage

(C) Renal vein stenosis

(D) Acute rejection

---

105. Which of the following is an advantage of posterior retroperitoneoscopy for adrenal tumors?

(A) Avoidance of mobilization of solid organs

(B) Has large working space

(C) It requires less dissection

(D) Suitable in obese individuals

---

106. In a suspected case of adrenal insufficiency with borderline serum and salivary cortisol, what is the next step?

(A) ACTH stimulation test

(B) Low-dose dexamethasone suppression test

(C) High-dose dexamethasone suppression test

(D) Adrenal vein sampling

---

107. A patient presents with an adrenal incidentaloma measuring 15 × 10 × 6 cm. Which of the following is true?

(A) Laparoscopy done in up to 15 cm masses successfully

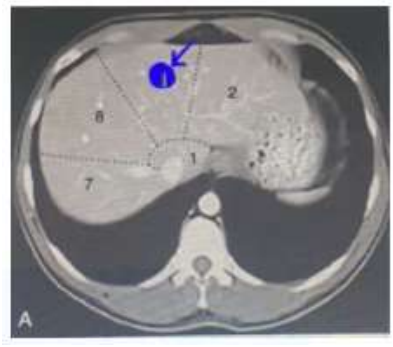
(B) CT-guided aspiration/FNA is helpful

(C) Need to do functional evaluation

(D) Can be ignored

---

108. In the provided imaging slice, which liver segment has been marked with a pin?



(A) Segment 4

(B) Segment 2

(C) Segment 1

(D) Segment 3

---

109. A patient is scheduled for a Whipple procedure. In which of the following situations is staging laparoscopy NOT recommended?

(A) CA 19-9 level up to 50 U/mL
(B) Tumors located in the body or tail of the pancreas
(C) Large tumors greater than 3 cm
(D) When CT scan findings are inconclusive

---

110. Which test directly evaluates pancreatic exocrine function?

(A) Lundh test
(B) Fecal fat
(C) Pancreolauryl test
(D) NBT–PABA test

---

111. How should anal cancer without distant metastasis be treated?

(A) Chemoradiotherapy
(B) Abdominoperineal resection
(C) Anterior resection
(D) Chemotherapy

---

112. According to the Bismuth–Corlette classification of hilar cholangiocarcinoma, involvement of the right hepatic duct corresponds to which type?

(A) IIIa
(B) IIIb

(C) II

(D) IVa

---

113. Based on the choledochal cyst appearance in the given image, which Todani type does it most likely represent?

(A) Ia

(B) Ic

(C) Ib

(D) II

---

114. A patient's Child–Pugh score needs to be calculated. The lab values and clinical findings are:
Total bilirubin: 2.6 mg/dL
Ascites: mild
Serum albumin: 2.9 g/dL
Hepatic encephalopathy: markedly lethargic and drowsy (severe)
Prothrombin time: 36 sec, with control = 12 sec
What is the total Child–Pugh score?

(A) 12

(B) 13

(C) 11

(D) 10

---

115. A patient develops symptoms suggestive of a bile leak after a surgical procedure. Which initial investigation should be performed first to evaluate the leak?

(A) USG

(B) HIDA

(C) MRCP

(D) ERCP

---

116. A patient develops a common bile duct (CBD) stone one year after undergoing cholecystectomy. What is the most likely diagnosis?

(A) Retained stone

(B) Recurrent stone

(C) Primary stone

(D) Black stone

---

117. Which of the following findings is considered a Major diagnostic criterion for chronic pancreatitis according to the Rosemont EUS classification?

(A) Main pancreatic duct calculi

(B) Dilated main duct > 3.5 mm

(C) Pancreatic cysts ≥ 2 mm

(D) Dilated side-branch ducts

---

118. Which of the following statements regarding post-ERCP pancreatitis (PEP) is accurate?

(A) More common in females and older patients

(B) Occurs more frequently after diagnostic procedures than therapeutic ones

(C) Octreotide helps prevent post-ERCP pancreatitis

(D) In high-risk patients, incidence may reach up to 15%

---

119. A patient develops a pancreatic fluid collection 10 days after the onset of symptoms. Paracentesis is performed. What is the most likely diagnosis?

(A) Pancreatic ascites

(B) Pseudocyst

(C) WOPN

(D) Abscess

---

120. Which of the following does not count as a contraindication for performing a transcystic laparoscopic common bile duct (CBD) exploration?

(A) 5–8 mm stones

(B) > 8 stones

(C) Unable to dilate cystic duct

(D) Intrahepatic stone

---

121. Which of the following is NOT considered a third-line therapeutic option for managing immune thrombocytopenic purpura (ITP)?

(A) Splenectomy < 10,000; > 6 weeks

(B) Combination chemotherapy

(C) Thromboplastin agonists

(D) Corticosteroids and thromboplastin agonists

---

122. Which of the following statements regarding laparoscopic cholecystectomy is incorrect?

(A) Intraoperative cholangiography completely prevents bile duct injuries

(B) The Strasberg critical view technique helps reduce bile duct injury

(C) Hartmann's pouch is pulled both laterally and medially during dissection

(D) Routine cholangiography detects common bile duct stones in about 10% of patients

---

123. Which of the following statements regarding the TIPS procedure is incorrect?

(A) Stent stenosis is rare within the first year

(B) Shunt stenosis is more often due to neointimal hyperplasia than thrombosis

(C) Balloon dilation can correct shunt stenosis

(D) Recurrent portal hypertensive bleeding can occur when the shunt becomes stenosed

---

124. In gallbladder carcinoma, which histologic/gross type is associated with a better prognosis?

(A) Papillary

(B) Nodular

(C) Sclerosing

(D) Infiltrative

---

125. A child with a subaortic ventricular septal defect (VSD) develops progressive aortic regurgitation. Which principle best explains this phenomenon?

(A) Coandă effect

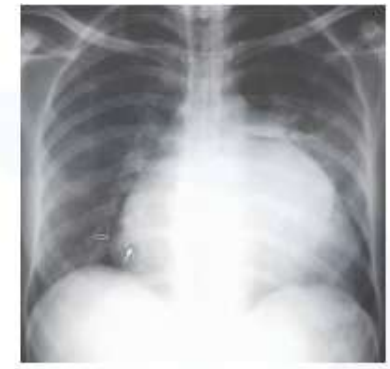
(B) Venturi effect

(C) Laminar flow method

(D) Whirlpool effect

---

126. Straightening of the left heart border with pulmonary congestion is seen on chest X-ray. What is the most likely diagnosis?



(A) Mitral stenosis

(B) Mitral regurgitation

(C) Aortic stenosis

(D) Tricuspid regurgitation

---

127. A patient with structural heart disease suddenly wakes up at night with dyspnoea and anxiety. What is your diagnosis?

(A) Orthopnoea

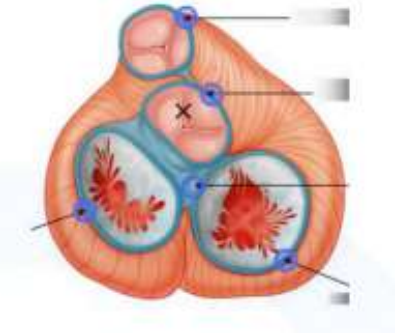
(B) PND

(C) Platypnoea

(D) Trepopnoea

---

128. Identify the marked (X) cardiac valve.



(A) Aortic valve

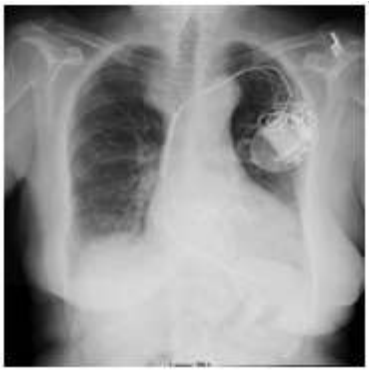
(B) Pulmonary valve

(C) Mitral valve

(D) Tricuspid valve

---

129. Comment on this chest X-ray.



(A) TAVI

(B) TEVAR

(C) Biventricular pacemaker

(D) VAD

---

130. Which of the following valvular heart diseases is associated with left atrial enlargement, left ventricular hypertrophy, and ECG showing ST depression?

(A) AS

(B) AR

(C) MS

(D) MR

---

131. Non-clinical question: Pulsus paradoxus is seen in which of the following conditions?

(A) Cardiac tamponade

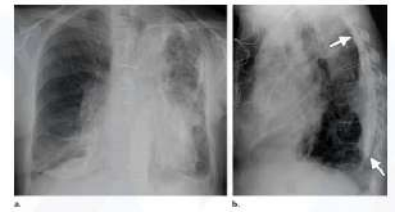
(B) Pleural effusion

(C) Pulmonary embolism

(D) Both a and c

---

132. A 60-year-old man presents with dyspnoea and fever. He has a past history of RTA with right haemothorax managed conservatively. What is your diagnosis from the given chest X-ray?



(A) Empyema with thickened pleura

(B) Pleural effusion

(C) Pneumothorax

(D) Bullous lung disease

---

133. Monad (Monod) sign is seen in?

(A) Bronchiectasis

(B) Aspergilloma cavity lung

(C) Lung abscess

(D) Pulmonary sequestration

---

134. Eloesser flap is done for?

(A) Chronic empyema

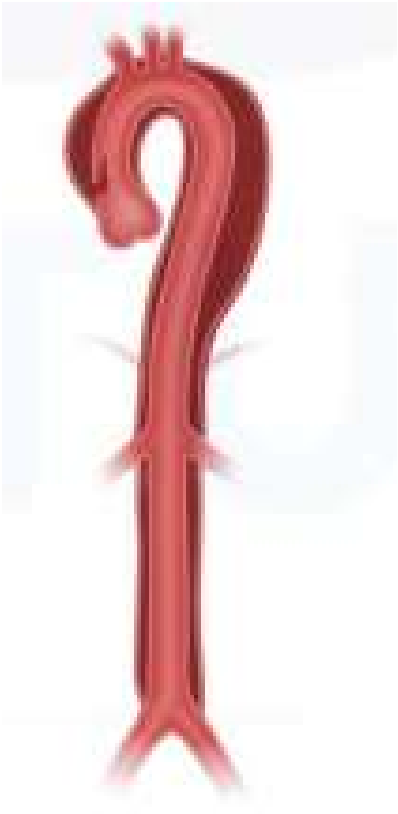
(B) Traumatic pneumothorax

(C) Acute hemothorax

(D) All of the above

---

135. What is the type of dissection depicted in the image?



(A) DeBakey type 1

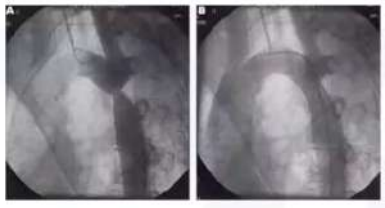
(B) Stanford B

(C) DeBakey type 2

(D) DeBakey type 3

---

136. Mention the findings in the given fluoroscopy image and the conditions for which this procedure is used.



(A) Coarctation of aorta

(B) Aortic aneurysm

(C) Aortic dissection

(D) All of the above

137. A 55-year-old chronic smoker presents with enlarged, painful toes and fingers with swollen joints, dyspnoea, and hemoptysis. X-ray shows elevated periosteum. What is the probable diagnosis?

(A) Hypertrophic pulmonary osteoarthropathy

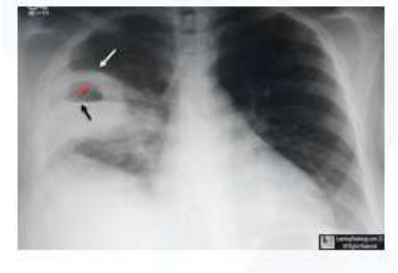
(B) Paget disease

(C) Thyroid acropachy

(D) Scleromyxedema

---

138. A 65-year-old male patient, a known T2DM with poor glycemic control and chronic smoker, presented with fever and foul-smelling cough. Chest X-ray was taken. Which of the following statements regarding the CXR is true?



(A) Aspergilloma

(B) Lung abscess

(C) Lung consolidation

(D) Fibrosis

---

139. Thoracic outlet syndrome clinical picture with Roos test positive. Neurogenic TOS diagnosis made. Which of the following statements is true?

(A) All patients need 4–6 weeks physiotherapy before consideration

(B) Neurogenic TOS is commoner than venous and arterial TOS

(C) Thoracic outlet syndrome is common in women than men

(D) All of the above
